PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10696991 100111489-7

		CLAIMS AS	S FILED - (Column		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			5					RATE	FEE		RATE	FEE	ĺ
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
то	TAL CHARGEA	BLE CLAIMS	5- min	us 20=	·Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS /-				nus 3 =	Ø			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	7701	D
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 5	Minus	 Q	٥	=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	3	-		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145=		OR	+290=		
		•				• :		TOTAL		AB.	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE	*		AUDII. FEE		·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		-]	X43=	;	OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM	CLAIM		+145=		OR	+290=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)							
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	T tal	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	┨.┃	X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										TOTAL ADDIT FEE			
***	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOH ADI												